

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10/2/03.

I. DISPUTE

Whether there should be additional reimbursement for L3670 – Orthodic Device – SO, acromio/clavicular (canvas and webbing type) dated 6/10/03, reduced by the carrier on the basis of “F” – per Medical Fee Guideline.

II. FINDINGS

Listed on the Table of Disputed Charges, on the same date of service, the requestor listed E0236, E1399, E0781 that were denied on the basis “U” – unnecessary medical treatment. The requestor failed to pay the IRO fee as required by Rule 133.308 and all services denied on the basis of “U” were subsequently dismissed. These services will not be address in this Finding and Decision.

III. RATIONALE

The Durable Medical Equipment (DME) Ground Rules, states, “... The coding system used is the HCPCS system. The specific HCPCS codes used in this section may include the A codes..., and the L codes. No other coding methodology shall be accepted for this program.”

The disputed service does not have a MAR listed in the Medical Fee Guideline and is therefore DOP.

Both the requestor and respondent submitted documentation supporting their position. The information was submitted timely by both parties.

The carrier reduced payment based upon the Medical Fee Guideline. The proper reduction code is “M” – reduced to fair and reasonable. As the requestor submitted documentation supporting their charges as fair and reasonable and the carrier used improper coding in the reduction of the disputed service, reimbursement is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for L3670 in the amount of **\$304.85**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$304.85** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 5th day of May, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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